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ABSTRACT

This guide provides materials for a course for individuals interested in expanding their knowledge about caring for the elderly and disabled. Focus is on the psychosocial aspects of caregiving. It is designed to be completed in one 3-hour session and may be taught by nurses, social workers, staff members of community agencies, and others familiar with the aging and/or disabled population. Introductory material includes facts and fallacies about caregiving; caregiver education philosophy; realities and solutions of caregiving; support of the agency; responsibilities of the instructor; suggested room arrangement; and guidelines for publicity. The following pages provide information on the substance of the caregiving course. Course content covers the financial overview of long-term care, home care services, out-of-home placements, conservatorships, and psychosocial aspects of caregiving. Appendixes, amounting to over one-half of the guide, include forms, such as sign up sheet, statistics form, pretest form, posttest form, and evaluation form; a list of objectives indicating the general knowledge obtained by the participants; sample course syllabus; and sample press releases and program fliers. A 14-item bibliography and 10-item resource list are also provided. (YLB)

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LABORS OF LOVE:

Realities and Solutions

A Guide to Family Caregiver Education

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LABORS OF LOVE:
Realities and Solutions

A Guide to Family Caregiver Education

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PREFACE

Grossmont District Hospital developed a comprehensive education and training program for caregivers in the San Diego area. Funded in part by a grant from the Federal Government, this demonstration project was designed to impart specific nursing, psychosocial and community knowledge skills to caregivers, particularly those who are older adults who will be caring for a family member at home.

Featuring basic home nursing instruction and an orientation to the demands and rewards of caregiving, this unique program began in December 1986. The Caregiver Education and Training (CET) Project included the following two components:

1. Two integrated home nursing courses demonstrated the basic home nursing skills to families who cared for an ill, frail, impaired or older family member in the home. Topics included home safety, skin care, transfers, personal hygiene, nutrition, record keeping, urinary and bowel management, etc.

2. A companion course focused on the psychosocial aspects of caregiving and provided information about community resources. This "Becoming a Caregiver" course dealt with such issues as the rewards and pitfalls of caregiving, common emotional reactions to this role, community resources for home care, alternatives to home care, and the decision-making process.

Although this education and training program was oriented towards those who were caring for a family member in the home, the sessions were open to anyone who was currently helping, or anticipated helping, an older person to remain in the home. These home nursing and psychosocial courses were not intended to supplant existing services in the community such as case management, home health, respite or hospital discharge planning services. Instead, they were designed to add to and complement any education and training efforts which may be of assistance to any and all caregivers in the community.

Two instructional guides on the caregiver education and training program were written. This particular instructional guide relates to the community resource and psychosocial course only.

CAREGIVING: FACTS AND FALLACIES

More and more Americans who once might have spent months or years in hospitals or nursing homes are today being cared for at home. They are under the supervision of a relative or friend.

As America's population ages, the need for long-term care - and caregivers - increases. In 1982, over 1.2 million frail and disabled elderly were receiving this so-called informal care, mainly in the home setting. The average older person receiving such care was a 78-year-old, married female living with either her husband or her husband and one of their children.

And who was providing this needed care? As a group, these 2.2 million caregivers were largely female. Their average age was 57. Seventy-five percent lived with the older person, one-third continued to be employed outside the home, and one-fourth also had children under the age of 18 living at home.

That was 1982. The same is true today. And the main reason that more Americans are caring for parents today is that they are living longer - long enough to suffer the debilitating stages of chronic illness and disease. In 1900, the average American lived to the age of 49. Now, we can expect to live to the ripe old age of 75. By the year 2000, over 17 million people in our country will be 75 years of age and older.

While most older people are healthy and independent, about one-fourth of them need help in coping with the routine activities of daily living such as feeding, dressing, bathing, toileting, meal preparation, household chores and shopping. About 10% are bedfast or homebound and just as functionally impaired as their peers in nursing homes.

But Medicare and other forms of private health insurance do not always pay the costs of out-of-home custodial care. And only the affluent can afford the high fees charged by long-term care facilities, often called nursing or convalescent homes. Thus, more people must themselves become caregivers for their loved ones - often without formal assistance.

It is family members - wives and husbands, daughters and sons, daughters-in-law and other relatives - who provide the great majority of help needed by older

people to continue living in their own homes and communities. Thus caregiving is indeed a concern to literally millions of Americans.

But who are these participants - the actors and actresses, so to speak - in this very real drama called caregiving?

Who Receives Care?

* One-fifth of the care recipients are 85 years of age or older; their average age is 77.7 years.
* Sixty percent are female.
* Fifty percent are married; 41% are widowed.
* Approximately 11% live alone.
* One-third are poor or near poor.
* Thirty-eight percent rate their general health as poor.
* Only one-fifth report no ADL (activities of daily living) limitations; 13% report 5 or 6 ADL limitations.

Who Are the Caregivers?

* Almost three-fourths are female (29% are daughters, 23% are wives). Only 13% are husbands.
* The average caregiver is 57.3 years old. One-fourth are 65-74 years old; 10% are over 75.
* Approximately 70% are married.
* Three-fourths live with the person they care for.
* One-third of the caregivers are still employed outside the home setting.
* Twenty-five percent rate their health as excellent; another 25% rate theirs as only fair or poor.
* One-third report poor or near poor income.

What Do These Caregivers Do?

* Two-thirds help with one or more of the following: feeding, bathing, dressing and toileting.
* Forty-six percent help with mobility - moving around the house, getting in and out of bed, etc.
* Fifty-three percent administer medications.
* Eighty-six percent help with shopping and/or transportation.
* Eighty percent spend time performing one or more household tasks like meal preparation, house cleaning, laundry.
* One-half handle financial affairs.

How Often Are They Caregivers?

* One-fifth have been providing care for five years or more; 18% less than one year; 44% one to four years.
* Eighty percent provide care seven days a week.
* The average caregiver spends four extra hours a day on caregiving tasks.

What Else Do Caregivers Do?

* One-fourth also have children under the age of 18 living at home.
* Nine percent have to leave their jobs to become caregivers.
* One million continue to work outside the home setting.
* But one-fifth have had to decrease their work hours; 29% had to rearrange their work schedules; and 19% took time off without pay.

CAREGIVER EDUCATION PHILOSOPHY

Increasing attention is being paid to the needs of persons providing primary care to family members or friends. The demands placed on a caregiver can greatly impact their own emotional and financial situation. Many caregivers have to leave their jobs or reduce their working hours, rearrange their daily schedules and often take time off without pay due to caregiving responsibilities.

The caregiver is often unprepared and untrained for their new role. While adjusting to the emotional aspects of illness, the caregiver also is coping with learning new home nursing skills.

Caregiver education is a necessity in addressing the needs of the elderly population and its caregivers. Support must be given to the caregiver, and attention needs to be paid to their physical and mental health. Through education, caregivers not only acquire essential skills, but also are given permission to care for themselves. Thus, caregiver education insures quality care for the patient AND the caregiver.

CAREGIVING: REALITIES AND SOLUTIONS

Caregiving needs to be considered a joint family effort. Family members need to share concerns and evaluate what can and cannot be done. And there are certain realities that have an impact on the caregiving role. Several questions need to be asked:

Who Is Going To Be The Caregiver?

This question usually is one rarely asked. Generally it is assumed that the caregiver will be a female member of the family. The word caregiver could be considered "a euphemism for unpaid female relative." An exception to this case is the elderly male spouse caring for his wife.

Are There Adequate Financial Resources?

The financial costs of caregiving can be substantial. The expense of caring for a family member in the home needs to be weighed against placing the patient in a long-term care facility.

What Are The Family's Priorities?

Caring for a family member can alter the structure of day-to-day living. And the needs of the patient sometimes overshadow other family member needs. The son or daughter who has children in the home and is also caring for an elderly parent find themselves pulled in setting family priorities. The term "sandwich generation" aptly describes the conflicting roles.

Can Employment and Caregiving Co-Exist?

The younger, employed caregiver can be caught in a double bind. They may question the feasibility of being a caregiver and being employed. However, the possible financial burden of caregiving often does not allow the caregiver to quit their job.

What Happens to Household Responsibilities?

Because the caregiver is usually female, they are responsible for household duties as well. The caregiver often falls victim to the expectation of maintaining a home in the same manner as prior to their becoming a caregiver.

How Will the Caregiver's Health be Maintained?

Health is probably the lowest priority on the caregiver's list. Caregivers

will neglect their physical and mental health in order to be the "Super Caregiver." Health is the one determining factor that can prevent a caregiver from continuing their duties.

What Are the Patient's Needs?

The patient's condition and prognosis is a major factor in home care management. The family needs to consider: Is the condition short-term or long-term? Is the care needed going to be minimal or extensive? Is there adequate space in the home? Is there an established relationship with the patient or has the patient been alienated or difficult?

Solutions

Although caregiving can be perceived as an overwhelming task, there are suggestions and solutions to ease the responsibility. These solutions are only possible when the caregiver is ready to give themselves permission to care for themselves. The caregiver also needs to remember: When taking on an added responsibility, other responsibilities need to be minimized to maintain a balanced lifestyle.

Several caregiving suggestions are:

1. Rearrange housekeeping duties
   a. Cook simpler meals. Frozen and prepared foods may need to replace elaborate meals.
   b. Do only light housekeeping. Keeping an immaculate house may not be possible. One fast swipe of the dust cloth may need to suffice.
2. Swallow your pride and accept financial assistance.
   - These resources may be available from family, friends, church, community agencies or the government.
3. Find respite at home.
   a. Take a nap when the patient is napping.
   b. Enjoy a hobby such as light reading or gardening. Be sure the hobby can withstand interruptions.
   c. Make short phone calls to friends and family to avoid becoming socially isolated.
4. Get out of the house regularly.
   - This doesn't have to be an extensive trip. A short walk or an hour shopping trip can be refreshing. Don't accept guilt feelings about leaving the patient with someone other than yourself.

5. Use available support systems.
   a. How often have your heard, "If there is anything I can do, let me know?" When friends or family offer their help, provide them with suggestions for doing specific tasks. Ask them to stay with the patient one afternoon or bring over a meal or provide transportation to the doctor. Family and friends may feel helpless and not be aware of what would help the caregiver the most.
   b. Express your frustrations to trusted and supportive friends and family members.
6. Accept that you may make mistakes as a caregiver. If you make a mistake, learn from the experience. Don't use it as a vehicle to punish yourself.
7. Have the patient be as independent as possible. Allow the patient to accomplish even the smallest of tasks. This gives the patient a sense of control and it relieves the caregiver of having to do it all.
8. If the patient resists care and is uncooperative, don't take it personally. Patients are often coping with their own reactions to their illness or disability.
9. Join a support group.
   - Other caregivers can be empathetic as well as provide unique solutions to caregiving problems.
10. Educate yourself.
    a. Read books and articles on caregiving
    b. Become familiar with community resources.
    c. Participate in home care management courses if they are available in your community.

DEVELOPING A PSYCHOSOCIAL COURSE FOR FAMILY CAREGIVERS

The following pages outline the development and initiation of an educational program that focuses on the psychosocial aspects of caregiving. Exhaustion, the strain of giving constant care without relief, loss of freedom and time for personal activities are all problems faced by caregivers. Knowledge about caregiving, emotional support from others in similar situations and an awareness of community resources aids both the caregiver and the care receiver.

The "Becoming A Caregiver" course should include the following topics:

* Rewards and pitfalls of caregiving
* Social and emotional aspects of caregiving
* Community resources for home care
* Alternatives to home care

SUPPORT OF THE AGENCY

As in any project, the support of the sponsoring agency is essential. Various key people need to be included in the planning and implementation of the course. The following are some examples of those who need to be involved:

A. Hospitals

Approval from the hospital administration and participating departments is needed. Course instructors could be personnel from the nursing and social work departments. Excellent referral sources for course participants are those staff members involved in discharge planning and home health care.

B. Churches

Approval from the pastor, priest or rabbi and from the church council may be sought. Members of the congregation who have experience in the subject of caregiving and who have public speaking or teaching experience would be appropriate course instructors. Announcements in the church bulletin and newsletter as well as approaching senior groups and community outreach would bring participants to the course.

C. Community Agencies

Obtain the approval of the agency director. Course instructors could be agency staff with knowledge of community resources, psychosocial considerations of caregiving and public speaking skills. Depending on the nature of the agency, referrals could be received from the population served by the agency or through other community resources.

THE "BECOMING A CAREGIVER" COURSE

GENERAL INFORMATION

The "Becoming a Caregiver" course may be taught by nurses, social workers, staff members of community agencies and others who are familiar with the aging and/or disabled population. The "Becoming a Caregiver" course at Grossmont Hospital has been taught by a registered nurse and a social worker. It is helpful if the instructor has had public speaking experience.

The course is ideally open to anyone who is interested in expanding their knowledge about caring for the elderly and disabled. Although the course places emphasis on the family member as caregiver, professional caregivers also benefit from taking the course. The number of participants can range anywhere from five to 100. A smaller group allows for discussion and exchange of information. A larger group allows less time for discussion, but reaches a larger population.

The "Becoming a Caregiver" course is designed to be completed in one three-hour session. Originally conducted in one two-hour session, it was found that the amount of material presented and the numerous questions asked by the participants dictated the need to expand the course to three hours. The sequence of material presented is left to the discretion of the instructor. As an example, for a three hour presentation, the first 70-minute session may include an explanation of community resources. After a break, the second 70-minute session would include a discussion of out-of-home placements, conservatorships and emotional aspects of caregiving. The remaining portion of time would be spent in completing registration and evaluation.

The use of the pre-test and post-test (see Appendix C, D) is optional. These tests can be a quantitative measure of information acquired by the participants. The evaluation form (see Appendix E) is recommended to obtain feedback on the educational material and the method in which it was presented. It is also advisable to give each participant a course syllabus (see Appendix G). This enables them to follow the presentation as well as relieves them from copious note taking.

In the original course, the film "Where Do I Go From Here?" was used (see Bibliography). This short film depicts the dilemmas associated with decision

making and responsibilities when a family member requires post-hospital care. Participants were able to closely relate to the characters portrayed in the film. It also is an excellent vehicle from which to discuss the emotional elements of caregiving. The companion video accompanying the course instructional guide would also be appropriate for use in stimulating discussion.

In determining the time of the course, be sensitive to the caregiver's time schedule. Begin and end the course on time. For the working caregiver, early evening sessions would be advisable. Elderly caregivers may prefer morning sessions. Advertise that the participants must pre-register. This not only allows for appropriate planning but also enables the instructors to provide the participants with respite care resources, if they are available.

RESPONSIBILITIES OF THE INSTRUCTOR

Preparation for the class:

* Develop a brochure to be used to advertise the course.
* Publicize the course in the community. Contact community agencies, hospitals, churches, etc. regarding course availability. Use media resources.
* Locate a room suitable for the anticipated class size. The room should be supplied with desks or tables to allow for note taking, a large table for brochures and a table for registration.
* Preview any films used. If it is used for discussion, develop questions to generate participant response.
* If a film is used, arrange for film projection equipment. Test the equipment and be familiar with its operation.
* Contact community agencies and collect brochures. Have enough for each participant.
* Maintain an adequate number of copies of the course outline for each participant. This also applies to the statistic form, pre-test, post-test and evaluation form, if used.
* Be familiar with the course content. Determine the sequence of material presented.
* Request participants to pre-register to accurately determine the number of participants. Registration can easily be done by telephone. Request the name, phone number and number attending.
* Keep abreast of new resources and community developments in home care management and out-of-home placements.

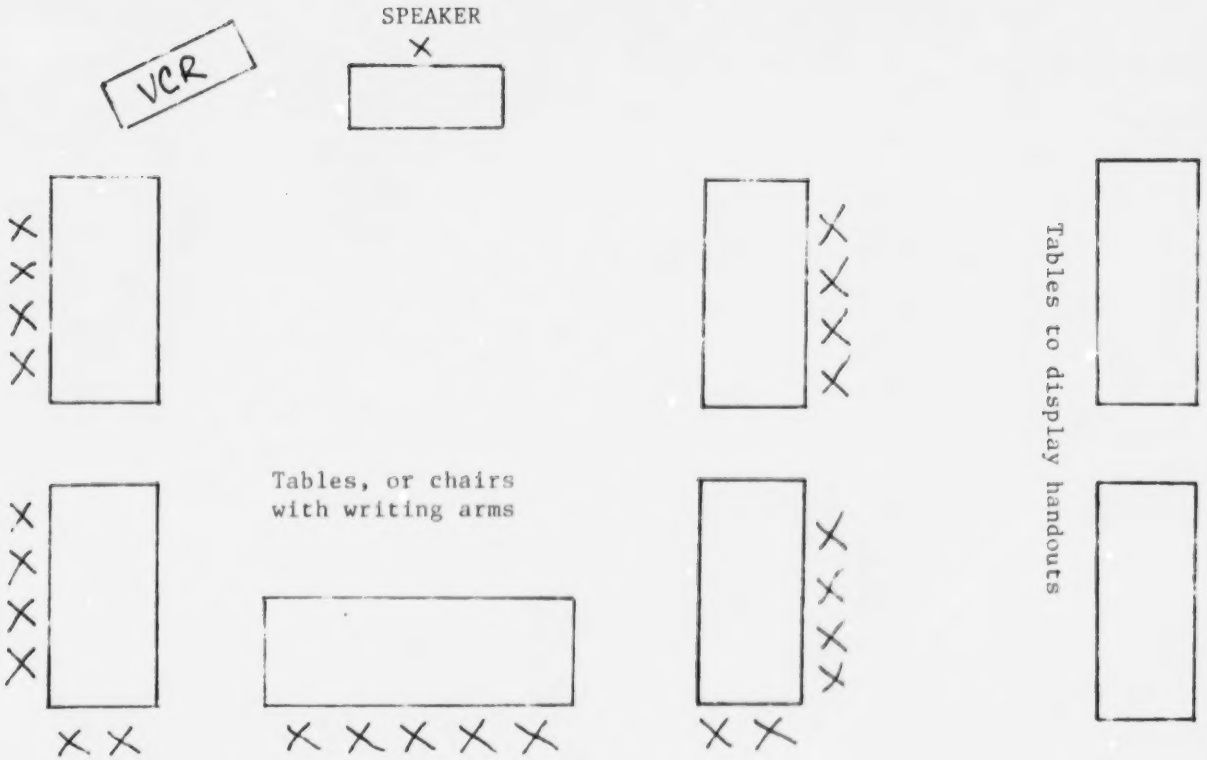
Conducting the class:

* Arrive in the classroom early to set up the brochure and registration tables, set up any film projection equipment and greet the participants.
* Write the instructors' names on the blackboard or wear a visible name tag.
* Distribute course outline. If pre-test and statistic forms are used, have participants complete these while waiting for class to begin.
* The instructor should introduce himself/herself and provide background information (i.e. experiences working with the elderly or disabled, previous caregiving experience, etc.).
* If the class is small, ask the participants to introduce themselves and

tell the class why they are taking the course. For larger groups, request a show of hands indicating family caregivers, professional caregivers, students, etc.

* Give a brief overview of the course outline.
* Provide the participants with a break at which time they can gather brochures and materials from the brochure table.
* Be sensitive to the caregivers' time schedules. Begin and end the class on time.
* Allow enough time for questions and answers.
* After the presentation, if the post-test and evaluation form are used, request that it be completed by the participants at this time.
* Be available after class to answer individual questions.

SUGGESTED ROOM DIAGRAM



GUIDELINES FOR PUBLICITY

Once the course has been designed and implemented, efforts must be focused on publicizing the class throughout the community. As mentioned earlier, a brochure outlining your caregiver education efforts is important, but so too are the following:

* Develop an initial press release to announce your course to the community (Appendix H-1).

* Revise your press release and reissue it every two or three months to continually remind those in the community about your class (Appendix H-2). This type of press release can focus on upcoming dates and times of class sessions.

* If at all possible, work closely with the Public Relations Department at your agency or with a journalism professional. A possible joint effort is a feature-type press release article which shares many of the "human interest" aspects of caregiving (Appendix H-3).

* Don't forget Public Service Announcements (PSAs). Television and radio stations are required to publicize programs and events such as this.
* Utilize other avenues such as senior organization newsletters to further publicize your efforts.

* Lastly, explore the possibility of appearing on radio or public television shows oriented to the elderly. One example is the KPBS Public Broadcasting System in San Diego, California. They feature a weekly talk show called "Seniors Speak Out" and two of our Caregiver Education and Training staff participated in the session on "Seniors as Caregivers." Again, a great opportunity to both educate and publicize your program.

DESCRIPTION OF COURSE CONTENT

The following pages provide information on the substance of the caregiving course. The content of the course covers the financial overview of long-term care, home care services, out-of-home placements, conservatorships and psychosocial aspects of caregiving.

Examples of the various forms used in the original course are included. These forms were used for compiling statistics and evaluating the effectiveness of the course. The list of objectives indicates the general knowledge obtained by the participants taking the course. The attached sample of the original course syllabus was given to all participants. For suggestions on publicizing the course, sample press releases and program fliers are included. The bibliography and resource list are a compilation of numerous books and articles that would be helpful to the course instructors as well as the course participants.

GUIDE TO CLASS CONTENT

I. Introduction

A. Introduce the presenters and have the class participants introduce themselves. Ask them to tell whether they are presently caregivers or why they are interested in attending the class.

B. Provide introductory information about the need for caregiver education. Discuss who the caregivers are and the importance of their role. Give an overview of the class using the outline.

II. Financial Overview of Long-Term Care

A. Discuss the Medicare insurance program as the major insurance program for the elderly. Discuss parts A & B separately and what coverage they provide. Define the deductible, co-insurance or co-payment and assignment.

B. Discuss the importance of Medicare supplemental insurance. A supplemental policy should provide minimal coverage which includes paying the deductibles and co-payment.

C. Discuss the prospective payment system of Medicare for reimbursing hospital and why hospitals are concerned about the patient's length of stay.

D. List the additional services covered by Medicare.

E. Include resources in your area that provide assistance for seniors with insurance billing. Provide information about whether there is a fee.

F. Discuss the Medicaid program in your state and how it supplements Medicare.

G. Discuss any other medical assistance programs that are appropriate.

H. Discuss the guidelines for the Supplemental Security Income program in your state.

I. Include other sources of medical insurance assistance as appropriate.

III. Home Care Services

A. Mention the use of informal caregivers.

B. Discuss nutrition services available such as senior nutrition sites where congregate meals are served, home delivered meal programs and any other appropriate nutrition services.

C. Discuss day care programs available for seniors in your community.

D. Discuss transportation services available for seniors in your community.

E. Define homemaker services. Discuss resources for obtaining homemaker services and the fees for these services. Include information about public programs and eligibility criteria.

F. Define Shared Housing Programs if available.

G. Discuss any case management programs available in your community.

H. Discuss specialized mental health services for seniors.

I. Discuss the services of home health agencies, both Medicare certified and private duty. Include information about services provided and methods of payment.

J. Discuss resources for obtaining medical equipment and supplies in the home.

K. Include information about adult protective service agencies in your community.

L. & M. Discuss emergency alert and postal alert systems, if available.

N. & O. Include information about respite services and support groups for the caregiver.

P. List your community senior information and referral number.

IV. Out-of-home Placements: Discuss facilities available for persons unable to remain in their own homes. The discussion should include type of care provided by the facility, what types of patients are appropriate for the facility and the cost, including Medicare, Medicaid and out-of-pocket payments. Examples are listed below.

A. Residential Care Facilities

1. Provides:
   a. 24-hour supervision
   b. no medical care except dispensing medications

2. Patient criteria:
   - residents must function independently

3. Cost: SSI rate - $1,500 per month
   a. not all facilities take SSI
   b. no Medicare or Medicaid coverage

B. Intermediate Care Facilities

1. Provides:
   a. Medical care
   b. R.N. on duty 8 hours a day

2. Patient criteria:
   a. must have control of bowel and bladder
   b. must be able to feed self
   c. must be able to transfer from the bed to a chair without assistance

3. Cost: $1,100 to $2,100 per month
   a. covered by Medicaid
   b. no Medicare coverage

C. Skilled Nursing Facilities

1. Provides:
   a. extensive nursing care
   b. R.N. on duty 24 hours a day
   c. bowel and bladder care
   d. assistance with transfers and ambulation
   e. assistance with feeding

2. Patient criteria:
   a. are not combative
   b. do not wander

3. Cost: $1,500 to $2,300 per month
   a. Medicare coverage
      (1). less than 5% of patients in skilled nursing facilities are covered by Medicare
      (2). "custodial care" not covered
      (3). patient must require skilled services by licensed personnel
   b. Medicaid coverage
   c. private pay
   d. private insurance

D. Mental Hygiene Facilities

1. Provides:
   - skilled nursing facility care in a locked environment

2. Patient criteria:
   a. require skilled nursing facility care
   b. are combative
   c. have a tendency to wander
   d. has a conservator

3. Cost: $1,500 to $2,150 per month
   a. covered by Medicaid
   b. not covered by Medicare

V. Conservatorships

Discuss various types of conservatorships that may be of interest to the caregiver should the patient be unable to make personal or financial decisions. This information varies from state to state. Therefore, it will be necessary to investigate the conservatorship process and procedure in the instructor's area. Examples of conservatorships would be conservatorship of person, probate conservatorship, power of attorney, living wills, durable power of attorney for health care, etc.

VI. Psychosocial Aspects of Caregiving

This section should include decision making considerations for post-hospital planning, emotional reactions of the caregiver and viable solutions in coping with caregiving. The film "Where Do I Go From Here?" is applicable in this section.

A. Film: "Where Do I Go From Here?" can be used to facilitate discussion.

   1. Who are the characters in the film? Which characters are similar to people in your life?

   2. What problems are the characters facing?

   3. Discuss each character and how they are reacting to the situation.

   4. What are the conflicts in the family?

   5. What are the options available to the family? What are your options?

   6. Discuss the family's decision making process. How are decisions made in your family?

B. Decision making: Emphasize that:

   1. Illness alters family roles and structure.

   2. Discuss who should share in the decision making process.

   3. Center the discussion on the basis of BEING REALISTIC.

   4. List questions to be considered in determining home care vs. out-of-home placement.
      a. what are the family's priorities?
      b. is there adequate space at home?
      c. does the caregiver have the health, energy, experience and flexibility to care for the patient?
      d. how much money is available to pay for care?

e. what is the patient's prognosis? Is the condition short-term or long-term?
f. is there adequate respite and recreation built in for the caregiver?

5. Discuss when home care is not advisable
   a. caregiver is not in good health
   b. caregiver has limited strength
   c. adequate basic nursing is unavailable
   d. relationship with patient is tense and full of conflict
   e. inadequate space
   f. patient's personality is excessively difficult and unmanageable
   g. inadequate finances

C. Emotional Reactions

The emotional reactions listed below are not all inclusive. You may wish to make additions. Provide examples for each reaction, if possible.

1. Denial
   a. a method of coping with the stress of illness and the changes it creates
   b. caregivers may initially refuse to accept the extent of the patient's illness
   c. can be detrimental to appropriate discharge planning if used excessively

2. Anger
   a. at the illness
   b. resentment by the caregiver for not receiving enough recognition

3. Guilt
   a. caregiver feels they aren't doing enough; "should" be able to handle the situation alone and provide optimum care
   b. uncomfortable with being angry at the patient when he/she complains
   c. feelings of inadequacy because care was transferred to a home health agency staff
   d. caregiver promised never to place the patient in a skilled nursing facility

4. Helplessness
   a. inability to fully meet the patient's needs
   b. no control over the illness and/or disability

5. Loss
   a. the pain of watching the patient lose his/her independence and personhood
   b. changes in family roles. Major responsibilities are transferred to the caregiver
   c. possible impending death if the illness is terminal
   d. loss of caregiver's freedom and lifestyle

6. Depression
   a. conflict is the cornerstone of depression
   b. a reaction to changes incurred by the illness
   c. part of the normal process in coping with loss

7. Physical and emotional exhaustion
   a. result of making multiple adjustments
   b. physically demanding work can affect the caregiver's health
   c. emotional exhaustion occurs if no respite given to caregiver

8. Anxiety
   a. illness can create financial losses
   b. caregiver may need to assume a different family role; for example, where the husband is the patient, the wife may now be responsible for car maintenance.
   c. lack of preparation and education in caring for a patient

9. Isolation
   a. personally and socially
   b. family and friends may feel uncomfortable, helpless and unable to provide support.

D. Solutions

To end the course with a positive emphasis, provide suggestions and solutions for the caregiver. Allow participants to share personal solutions if possible.

1. Rule of thumb: when taking on an added responsibility, the caregiver needs to release other responsibilities to maintain a balance.

2. Rearrange housekeeping duties
   a. cook simpler meals
   b. do only light housekeeping

3. Swallow pride and accept financial assistance
   - sources could be from family, friends, government, church, etc.

4. Find respite at home
   a. take a nap when the patient naps
   b. become involved in a simple hobby that can endure interruptions if needed
   c. light reading
   d. gardening
   e. short phone calls

5. Try to get out of the house regularly

6. Use available support systems
   a. when friends or family offer their help, provide them with specific requests (i.e. staying with the patient for one afternoon, providing transportation to the doctor). Family and friends may feel helpless and not be aware of what

would help the caregiver the most.

7. Accept that you may make mistakes as a caregiver. Learn from the mistakes, don't punish yourself.

8. Have the patient be as autonomous as possible. Allow the patient to accomplish even the smallest of tasks (i.e. while doing a bed bath, the only task the patient may be able to complete is washing their face).

9. If the patient resists care and is uncooperative, don't take it personally.
   a. patients are often coping with their own emotional issues
   b. issues that were evident in the relationship prior to the illness may continue to exist.

10. Join a support group
    - other caregivers can be empathetic as well as provide unique solutions.

11. Educate yourself
    a. read books and articles on caregiving
    b. be familiar with community resources
    c. take a caregiver course or other appropriate home care management courses.

APPENDIX

A	Sign Up Sheet
B	Statistics Form
C	Pre-Test Form
D	Post-Test Form
E	Evaluation Form
F	Objectives
G	Syllabus
H	Press Releases 1. Original 2. Re-issue of original 3. Human interest
I	Announcements
J	Bibliography
K	Resource List

APPENDIX A

BECOMING A CAREGIVER

Date:_____ Time:_ _____ Location:_____

_____

PARTICIPANTS:

_____

1.	22.
2.	23.
3.	24.
4 .	25.
5.	26.
6.	27.
7.	28.
8.	29.
9.	30.
10.	31.
11.	32.
12.	33.
13.	34.
14.	35.
15.	36.
16.	37.
17.	38.
18.	39.
19.	40.
20.	41.
21.	42.

PARTICIPANTS: TOTAL

FAMILIES REPRESENTED: TOTAL

APPENDIX C & D

BECOMING A CAREGIVER

Circle either True or False for each statement

TRUE FALSE 1. Medicare usually pays for care given in skilled nursing facilities.

TRUE FALSE 2. Residential care facilities do not provide nursing care.

TRUE FALSE 3. Finances do not need to be considered when making care plans for the elderly or disabled.

TRUE FALSE 4. The stresses of caregiving seldom cause increased health problems for the caregiver.

TRUE FALSE 5. It is usually best to make decisions for older dependent family members by consulting them.

TRUE FALSE 6. A person is not eligible for Medi-Cal if he has Medicare insurance.

TRUE FALSE 7. Private medical insurance in addition to Medicare will cover all medical expenses.

TRUE FALSE 8. Medicare does not cover 24-hour nursing care in the home.

TRUE FALSE 9. A caregiver should not try to find time for himself/herself if the older family member seems to need constant attention.

TRUE FALSE 10. Anyone can make a referral to a home health agency.

TRUE FALSE 11. It is common for caregivers to feel guilty when caring for a family member.

TRUE FALSE 12. A family member can be a conservator of person and/or finances.

TRUE FALSE 13. Family members should assume all needed caregiving responsibilities.

TRUE FALSE 14. Caregivers may feel guilty when transferring some caregiving responsibilities to agency personnel.

TRUE FALSE 15. When skilled nursing facility care is needed, the family always has a choice of facilities.

APPENDIX E

EVALUATION

CLASS:_____ DATE:_____

INSTRUCTOR(S):_____

	Superior	Good	Average	Poor
1. Class objectives met				
2. Instructor's mastery of subject				
3. Usefulness of information				
4. Appropriate teaching methods				
5. Questions answered satisfactorily				
6. Room and facilities				

7. Suggestions for improvement:

8. Suggestions for future programs:

9. Comments, please:

10. Was course scheduled at a convenient time?

NAME (Optional)_____

APPENDIX F

OBJECTIVES

PARTICIPANTS WILL BE ABLE TO:

* Describe the medical services paid for by Medicare A and Medicare B

* Identify two other resources for additional funding

* Describe the importance of Medicare supplemental insurance

* Describe the service provided by homemakers and two resources for obtaining homemaker service

* Identify other community-based agencies providing services to the older population group

* List two requirements that qualify home health services for Medicare payment

* Describe the differences among the various extended care facilities

* Explain the need for conservatorships

* Differentiate between a Power of Attorney and a Durable Power of Attorney for Health Care

* List two factors involved in making the decision to care for the patient at home

* List three emotional responses experienced by a caregiver

* Give three examples of how to alleviate the stress of caregiving

APPENDIX G

BECOMING A CAREGIVER

I. Introduction

II. Financial Overview

III. Home Care Services

Break

IV. Out-of-Home Placement

V. Conservatorships

VI. Psycho-social Aspects

BECOMING A CAREGIVER

I. Introduction

A. Introduce Presenters
B. Overview of the Need for Caregiver Education

II. Financial Overview of Long-Term Care

A. Medicare Insurance
B. Medicare Supplemental Insurance
C. Prospective Payment System - DRGs
D. Additional Services Covered by Medicare
E. Insurance Assistance for Seniors
F. Medi-Cal
G. CMS - County Medical Services
H. S.S.I. - Supplemental Security Income
I. Other sources of medical insurance

III. Home Care Services

A. Informal Assistance
B. Nutrition Services
C. Day Care
D. Transportation Services
E. Homemaker Services
F. Shared Housing Program
G. Case Management Services
H. Senior Services Team
I. Home Health Agencies
J. Medical Equipment and Supplies
K. Adult Protective Services
L. Emergency Alert
M. Postal Alert
N. Respite Care
O. Support for the Caregiver
P. Senior Information and Referral

IV. Out-of-Home Placements

A. Residential
B. Intermediate
C. Skilled
D. Mental Hygiene

V. Conservatorships

A. Person - LPS
B. Probate
C. Power of Attorney
D. Durable Power of Attorney for Health Care

VI. Psycho-social Aspects

A. Film - "Where Do I Go From Here?"
B. Decision making
C. Emotional Responses
D. Solutions

I. INTRODUCTION

A. Introduce Presenters

B. Overview of the Need for Caregiver Education

1. Scope of the need
   a. by the year 2000 over 17 million people in the United States will be 75 years of age and older
   b. by 2030 one out of every five persons will be elderly
   c. present life expectancy is 73 years
   d. this aging population is developing more chronic diseases
   e. chronic disease often causes decrease in activity level
   f. the need for assistance in personal care and home management increases in the upper age ranges.

2. Who is the caregiver?
   a. 80-90% of all medically related care is provided by families
   b. the use of caregivers is seen as a major deterrent for early institutionalization and is a lesser cost to society
   c. 85% or more of caregivers are women
   d. often caregivers are unprepared for their new role
   e. providing care may affect the caregiver's physical and mental health, their social activities, and financial resources

3. "Becoming a Caregiver" course will include:
   a. the financial overview of long-term care
   b. community resources for home care
   c. alternatives to home care
   d. rewards and pitfalls of caregiving
   e. common emotional reactions to this role
   f. the decision making process

II. Financial Overview of Long-Term Care

A. Medicare Insurance

1. Sponsored by the Social Security Administration

2. Available to persons 65 years and older and certain disabled persons.

3. Part A
   a. Medicare covers inpatient hospitalizations
   b. first 60 days are paid, less the 1988 deductible of $540.00
   c. next 30 days are covered except for $135.00 per day. Called "Co-Insurance Days"
   d. next 60 day period called "Lifetime Days" is covered except for $270.00 per day.
   e. first 60 days and next 30-day period renewable after a person has been out of the hospital for at least 60 days.
   f. lifetime days are not renewable.

4. Part B
   a. Medicare covers 80% of the approved amount of charges for physician services, professional fees and outpatient services.
   b. the 1988 deductible for Part B is $75.00.

5. Deductible
   a. a flat fee expected to be paid by the patient
   b. supplemental insurances may pay the deductible

6. Co-Insurance or Co-Pay
   a. Part A co-insurance is $135.00 per day for the 61st to 90th day of hospitalization.
   b. $270.00 per day from the 91st to the 150th day

7. Assignment
   a. when a physician or hospital agree to accept Medicare's "approved amount" as payment in full
   b. the patient is still responsible for paying the deductible and co-insurance balance.

B. Medicare Supplemental Insurance

1. In 1982 Medicare paid less than half of the cost of medical bills for seniors with Medicare Parts A & B.

2. Private insurance should be purchased whenever possible.

3. Supplemental Medicare policies vary widely in coverage.

4. Medicare supplemental policies should be reviewed annually

5. Even supplemental policies do not cover all health care costs, especially for long-term care or custodial care.

C. Prospective Payment System - D.R.G.s (Diagnostically Related Groups)

1. New system of Medicare reimbursement to hospital.

2. Previously, Medicare reimbursement was based upon the cost to the hospital of treating the patient.

3. Now the hospital is paid an amount determined by the patient's diagnosis rather than the actual amount of the bill.

4. This change has no affect on the amount of money the hospital will charge the patient.

D. Additional Services Covered by Medicare

1. Necessary care in a skilled nursing facility after a hospital stay.

2. Home health and hospice care

3. Other health services and supplies. Explanations of some of these payments will be included in later parts of this presentation.

E. Insurance Assistance for Seniors

1. Offered as a free service to anyone on Medicare

2. Will assist in filling out Medicare and supplemental insurance claim forms.

3. Offered by appointment Wednesday, 1-4 p.m.; Thursdays, 9 a.m.-12 noon

F. Medi-Cal

1. State of California medical assistance program

2. Called Medicaid in other states

3. Primarily for persons with limited income and limited assets

4. SSI recipients and the "medically needy" are eligible

G. C.M.S. - County Medical Services

1. Medical assistance program administered by San Diego County

2. Basic financial eligibility requirements the same as for Medi-Cal

3. To provide medical services for persons 21 through 64 who previously were eligible for Medi-Cal as Medically Indigent Adults

H. S.S.I. - Supplemental Security Income

1. A basic cash benefit program

2. For the aged (65 and over) and for blind or disabled of any age

3. May provide the total monthly income or supplement a low monthly income

4. SSI recipients are automatically covered by Medi-Cal.

5. Important to apply for SSI even if income is only one penny below eligibility levels - to qualify for Medi-Cal

I. Other Sources of Medical Insurance

1. Private policies

2. Workers' Compensation

3. Champus

III. Home Care Services

A. Informal Assistance from Family and Friends

- Will be discussed later in presentation

B. Nutrition Services

1. Senior nutrition sites
   a. available throughout the County
   b. provide a well-balanced meal along with programs and services
   c. some provide transportation to the site.
   d. some provide home delivered meals.
   e. a nominal donation is accepted.

2. Meals on Wheels
   a. two meals a day Monday through Friday
   b. delivered to the home one time a day
   c. offer special diets
   d. fee is charged

3. Prepared Meals
   a. two types of prepared meal entrees available
   b. available through Grossmont Hospital Nutrition Services 465-0711, Ext. 3087

C. Day Care

1. Social Day Care
   a. an organized day program for seniors
   b. provides activities to promote physical and mental well-being
   c. payment by private fee

2. Adult Day Health Care
   a. an organized day program for the elderly or other adults with physical or mental impairments
   b. provides therapeutic, social and health services
   c. payment by Medi-Cal or private payment

D. Transportation Services
See:

1. Coordinated Transportation Service Agency Guide
2. Directory of East County Services, Page 22

E. Homemaker Services

1. Includes help with cooking, cleaning, shopping, laundry, errands, and personal care
2. In Home Supportive Services (IHSS)
   a. administered by the San Diego County Department of Social Services
   b. clients must be aged, blind or disabled.
   c. clients must meet eligibility criteria or be on SSI.
   d. apply at the El Cajon Social Service Center 441-4397

3. Private Homemakers
   a. service, hours and pay decided between client and homemaker
   b. referral agencies for private homemakers:

East County Council on Aging	442-3281
East County Outreach	464-7313
Heartland Human Relations	460-2744
La Mesa Adult Recreation Center	464-0505
Salvation Army, El Cajon	440-3579

4. Agency Homemakers
   a. service provided through Home Health agencies both certified and private duty
   b. four-hour minimum up to 24 hours
   c. rates approximately $8 - 9 per hour
   d. partial list of agencies that provide homemakers:

Allied Home Health	280-3040
At Your Home Services	586-1576
Quality Care	296-3131

F. Shared Housing Program

1. Endeavors to match persons who wish to share their residence with another person who is seeking a home

2. Individual arrangements may assist in helping a senior to remain in their home.

3. Call East County Council on Aging 442-3281

G. Case Management Services

1. County of San Diego Department of the Area Agency on Aging programs

2. Multi Purpose Senior Services
   a. designed to keep frail elderly, Medi-Cal recipients living in the community
   b. benefits include assessment, referral and ongoing follow up for eligible clients.

3. Linkages
   a. designed to expand case management services to a broader population
   b. eligibility open to the younger functionally impaired as well as frail elderly

4. Title III SNAP
   - a local case management program designed to provide service to those not eligible for MSSP or Linkages

5. For information regarding all three programs, call 560-2500

H. The San Diego County Mental Health Senior Services Team

1. Team consists of a psychiatric social worker and nurse

2. Provide mental health screening, needs assessment and short-term counseling services to seniors

I. Home Health Agencies

1. Certified Home Health Agencies
   a. provide part-time health care services in a client's home
   b. services may be provided by a registered nurse; physical, occupational, or speech therapist; social worker or home health aide
   c. services are provided under a physician's supervision.
   d. may be funded by Medicare, Medi-Cal or private insurance
   e. Grossmont Hospital Home Health 463-9911

2. Private Duty Nursing Agencies
   a. provide nursing and homemaker services on an hourly rate basis
   b. most agencies have a four-hour minimum per day. Service can be arranged for 24-hour coverage.
   c. Medicare does not pay for private duty home nursing service.
   d. some private insurances fund this private duty nursing care.
   e. see the Yellow Pages under "Nurses and Nurse Registries" for listings of agencies or contact Grossmont Hospital Patient and Family Services Department.

J. Medical Equipment and Supplies

1. Provide medical supplies and equipment for sale or rent

2. Suppliers will usually bill Medicare, Medi-Cal and other insurances.

3. See the Yellow Pages under "Hospital Equipment and Suppliers" or contact Grossmont Hospital Patient and Family Services Department for assistance in choosing a medical supply company.

K. Adult Protective Services

1. County of San Diego Department of Social Services A.P.S.
   a. offers social services to adults 18 years and over whose mental and/or physical functioning is so severely impaired that their lives, health or well-being are endangered
   b. to report abuse or make referrals for protective services, call 560-2118

2. Adult Protective Services (private agency)
   a. for adults 55 years of age and older with mental health or emotional problems
   b. provide crisis intervention, in-home counseling, and case management

c. no fee is charged
d. call 283-5731

L. Lifeline

1. A personal emergency response system that links an individual to medical assistance 24 hours a day

2. Available through Grossmont Hospital, 465-2582 or the East County Council on Aging, 442-3281

M. Postal Alert

1. Provides a monitoring system for seniors by mail carriers

2. Senior centers are notified if mail is not collected daily.

3. For information call 560-2500

N. Respite Care

1. Volunteer program
   a. free respite care by trained volunteers offered by Fletcher Hills Presbyterian Church
   b. call Dorothy Moses between 7:30 and 10:00 a.m. at 460-6111. If no answer, contact the church at 463-6631 and leave a message

2. Respite care may also be arranged through private duty nursing agencies.

3. Area Agency on Aging Respite Registry 560-2500

O. Support for the Caregiver

1. Care Givers Support Group
   a. conducted by Senior Services Team of East County
   b. call 579-4578 for information

2. Senior Focus Family Center
   a. support group weekly
   b. call 582-3516 (Villa View Community Hospital)

3. Grossmont Hospital's Caregiver Program - Home Care Courses
   a. teaches basic home care nursing skills
   b. teaches care of the patient confined to bed most or all of the time

P. Senior Information and Referral

- Call 560-2500

IV. OUT-OF-HOME PLACEMENTS

A. Residential Care Facilities

1. Provides 24-hour supervision
2. No medical care except dispensing medications
3. Residents must function independently.
4. Are large facilities or private homes
5. Cost: $580 (SSI rate) - $1500 per month
   a. not all facilities take SSI
   b. no Medicare or Medi-Cal coverage

B. Intermediate Care Facilities

1. Provides medical care
2. Patient must:
   a. have control of bowel and bladder
   b. be able to feed self
   c. be able to transfer from bed to chair without assistance
3. Cost: $1100 - 2100 per month
   - covered by Medi-Cal; no Medicare coverage

C. Skilled Nursing Facilities

1. For patients requiring extensive nursing care
   a. non ambulatory; needs assistance with transfers
   b. unable to feed themselves
   c. no control of bowel and bladder
2. Do not accept patients who are combative or wander
3. Cost: $1500 - 2300 per month
   a. Medicare coverage
      (1) less than 5% of patients in skilled nursing facilities are covered by Medicare
      (2) "custodial care" not covered
      (3) must require skilled services by licensed personnel such as:
         (a) nasal gastric feeding tube
         (b) diagnosis of recent stroke requiring physical therapy five days a week
         (c) intramuscular injections around the clock
      (4) deposit required
         - from $500 to a full month's deposit
   b. Medi-Cal Coverage
      (1) covers most costs except some medications and services
      (2) reimburses facility $48.00 per day
      (3) placement process as determined by Medi-Cal
         (a) patient's name placed on all skilled nursing facility waiting lists in San Diego County

(b) patient remains in the hospital (covered by Medi-Cal)
(c) when a facility bed becomes available, patient must be transferred. If bed is refused, Medi-Cal will discontinue coverage from that point.

c. Private Pay
(1) all expenses are paid out-of-pocket.
(2) facilities require a full month's deposit.

d. Private insurance
(1) usually uses Medicare's standards as a guideline. (If Medicare doesn't cover the service, private insurance will not provide coverage)
(2) custodial care coverage now available with some policies. Very expensive.

D. Mental Hygiene Facilities

1. A skilled nursing facility that provides a locked environment.

2. Cares for patients who are combative or who wander.
- Does not provide heavy care; i.e. NG tubes, IV's, etc.

3. Requires conservator of person

4. Cost: $1800 - 2300 per month.
- covered by Medi-Cal; usually no Medicare coverage.

V. CONSERVATORSHIPS

A. Conservatorship of person (LPS Conservatorship)

1. For persons assessed as gravely disabled
   a. unable to adequately provide for food, shelter and clothing
   b. doesn't include persons who are gravely ill; i.e. comatose

2. Conservator appointed to make decisions on behalf of the conservatee. (Does not include financial decisions)

3. Process for obtaining conservatorship
   a. person assessed by a psychiatrist
   b. psychiatrist makes a referral to the County Mental Health Counselor's Office
   c. temporary conservator appointed
   d. investigation completed and recommendation made to Superior court
   e. permanent conservator appointed

4. Family or other interested parties can be appointed as a conservator. (A county conservator is appointed when no interested parties involved).

5. Conservatorship needs to be renewed annually

B. Conservatorship of Estate (Probate conservatorship)

1. Controls a person's finances

2. Process:
   a. referral made to Public Administrator/Public Guardian's Office (694-3500)
   b. Public Guardian appointed only if estate is substantial and there are no interested parties involved.

C. Power of Attorney

1. Provides the power to act on behalf of another person

2. Process:
   a. the person granting the power of attorney must be mentally competent
   b. obtain power of attorney form (available at office supply stores)
   c. fill out form, sign and notarize

3. Duration
   a. until the time specified, or
   b. until the person granting the power revokes it or becomes incompetent

D. Durable Power of Attorney for Health Care

1. Authorizes the person given the power to make decisions regarding an individual's medical treatment only when the person granting the power becomes incompetent

2. Does not require an attorney to file

3. Continues to be effective even after grantee becomes incompetent or becomes effective when grantee becomes incompetent.

VI. PSYCHO-SOCIAL ASPECTS OF CARE-GIVING

A. Film: "Where Do I Go From Here?"

B. Decision Making

1. Illness alters the structure of day-to-day living and the needs of the patient sometimes overshadow those of everyone.

2. Considerations
   a. all family members, including the patient, should share in the decision and be involved in creating a support system.
   b. members should honestly share concerns and evaluate what can and cannot be done. BE REALISTIC!!

3. Decisions needing to be made
   a. home care vs. SNF
      (1) what are family priorities?
          - optimum care of the person vs. the needs of the family
      (2) is there adequate space at home?
          - caretaker needs space to retreat
      (3) does the caregiver have the health, energy, experience and flexibility to realistically care for the patient?
      (4) how much money is available to pay for care?
      (5) what is the patient's prognosis?
          - will the care be intense and long-term?
      (6) is there adequate respite and recreation built in for the caregiver?
   b. when home care is not advisable:
      (1) spouse isn't in good health
      (2) spouse has limited strength
      (3) adequate basic nursing unavailable
      (4) marriage is tense or full of conflict
      (5) no adequate space
      (6) patient's personality is excessively difficult
      (7) not financially feasible

C. Emotional Reactions

1. Denial

2. Anger
   a. at the illness
   b. resentment for not receiving enough recognition

3. Guilt
   a. not doing enough
   b. being angry at the patient when he/she complains
   c. promised never to place patient in a skilled nursing facility
   d. coping with "the shoulds"
   e. transferring the care to home health agency staff

4. Helplessness
   - unable to fully meet the patient's needs

5. Loss
   a. the pain of watching the person lose his/her personhood
   b. change of family role
   c. impending death
   d. loss of caregiver's freedom

6. Depression

7. Physical and emotional exhaustion
   a. making multiple adjustments
   b. physically demanding work; can affect caregiver's health

8. Anxiety
   a. financial - having to make do
   b. taking on a different family role
   c. lack of preparation in caring for the person

9. Isolation
   - personally and socially

D. Solutions

1. Rearrange housekeeping duties
   - cook simpler meals; do only light housekeeping

2. Swallow pride and accept financial help
   - from government, family, friends

3. Find relief at home
   - a nap when the patient naps, an easy craft that can be interrupted, light reading, gardening, short phone calls

4. Try to get out of the house regularly

5. Use available support systems
   a. let them provide respite care - even if they aren't as good as you
   b. cry on a good friend's shoulder; express your feelings
   c. write letters to trusted friends

6. Accept that you may make mistakes as a caregiver

7. Have the patient be as autonomous as possible

8. If the patient resists care and is uncooperative, don't take it personally

9. Join a support group

10. Educate yourself
    a. read
    b. be familiar with community resources
    c. take a caregiver course

APPENDIX H-1

Grossmont
District Hospital

East San Diego County
Regional Medical Center

P.O. Box 158
La Mesa, California 92041
(619) 465-0711

News Release

Contact: Release:

Sharon S. Ross
Community Relations Manager
465-0711 x 151 or 460-3832

IMMEDIATELY

GROSSMONT HOSPITAL CAREGIVER PROGRAM RECEIVES GRANT

Grossmont District Hospital has been given a $31,152 federal grant to develop the county's only training program for those who care for the elderly at home.

Grossmont's Caregiver Education and Training Project was one of 22 programs nationwide recently awarded more than $2.4 million by the U.S. Administration on Aging.

All the programs are designed to help families and others who care for frail impaired older persons. Grossmont was one of three hospitals nationwide to receive funding.

Two eight-hour home nursing courses, offered at no charge, are the centerpiece of the Caregiver Education and Training Project.

The basic course will include nutrition, personal hygiene, skin care, home safety and record keeping.

The advanced course focuses on the care of elderly who are confined to a bed. Classes begin in December.

- more -

Grossmont Hospital serves a 750 square mile district reaching from within East San Diego City to near the Imperial County line. On the south it extends to the Mexican border. On the north and east it includes the communities of Pine Valley, Descanso, and Alpine. Other major communities served are El Cajon, La Mesa, Lemon Grove, Spring Valley, Lakeside, Santee, Jamul, Dulzura, Potrero, and Campo.

caregiver add 1/1/1/1

"Becoming A Caregiver" is a two-hour companion course dealing with the social and emotional impact of caring for an elderly person, for example: the rewards and pitfalls of caregiving; emotional reactions to taking on this role; community resources for home care; and home care alternatives.

Other local organizations will have access to teaching materials and instructional videotapes produced in consultation with the San Diego Area Agency on Aging.

Nancy Bryant, consultant to Grossmont's Task Force on Aging, said the caregiver program is meant for anyone now caring for or who expects to be caring for an elderly person at home.

Aging experts estimate that more than five million Americans, mostly women, are involved in the care of a parent, spouse or family member at any given time.

"Some people feel uncomfortable when they find themselves taking responsibility for the care of an elderly person," Bryant noted. "They're not sure what to do."

More and more people, often elderly themselves, will become caregivers because the number of elderly is growing rapidly and a certain percentage need daily assistance with basic physical activities.

- more -

caregiver add 2/2/2/2

Of those aged 75-84, 10 percent need help; past age 85 the number grows to 33 percent. Yet only five percent of the elderly live outside the home.

"Caregiving takes a mental and physical toll on the giver," Bryant added. "Exhaustion, the strain of giving constant care without relief,-loss of freedom and time for personal activities are all problems faced by caregivers."

The Caregiver Education and Training Project will help ease those problems by providing caregivers with training, guidance and support.

"Becoming A Caregiver" will be offered the first Wednesday of each month from 6 - 8 p.m. and the third Wednesday from 3 - 5 p.m. in the Grossmont Hospital Foundation Boardroom, Brier Patch Campus, 9000 Wakarusa Drive in La Mesa.

Registration is not required for "Becoming A Caregiver," but information can be obtained from the Patient & Family Department at 465-0711, extension 644.

The home nursing courses are offered the second and fourth weeks of each month. The basic course is taught on Tuesdays and Thursdays from 1 - 5 p.m.; the advanced course on Fridays, 9 a.m. to 4 p.m.

- more -

caregiver add 3/3/3/3

Nursing courses meet in Classroom 15 at the Brier Patch Campus. Registration is required through the Education & Training Department, 460-7309.

- 30 -

November 18,1986

Grossmont
District Hospital

East San Diego County
Regional Medical Center

P.O. Box 158
La Mesa, California 92041
(619) 465-0711

Appendix H-2

News Release

Contact: Release:

Sharon S. Ross IMMEDIATELY
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GROSSMONT HOSPITAL SCHEDULES CAREGIVER CLASSES

Are you a caregiver? Do you provide care or give assistance to a family member or friend in the home? Do you know others who provide this type of care?

If the answer to any of these questions if yes, Grossmont Hospital has a new program that may help!

Free classes teaching you the basics of caregiving are offered several times each month. The two-hour "Becoming A Caregiver" course is scheduled for Wednesday, June 17 and July 15. Both classes are held from 3-5 pm.

For reservations call 465-0711, ext. 644. The more specific Nursing Courses are scheduled for June 23, July 14 and July 28.

To reserve a space in either of the nursing courses, phone 460-7309.

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June 15, 1987

Grossmont Hospital serves a 750 square mile district reaching from within East San Diego City to near the Imperial County line. On the south it extends to the Mexican border. On the north and east it includes the communities of Pine Valley, Descanso, and Alpine. Other major communities served are El Cajon, La Mesa, Lemon Grove, Spring Valley, Lakeside, Santee, Jamul, Dulzura, Potrero, and Campo.

APPENDIX H-3

Sharon S. Ross
Community Relations Director
589-4151

IMMEDIATELY

Helen McCord's world — and her husband's, changed drastically last January.

One day they were at a party together; a few days later Eyrie suffered a stroke which left him paralyzed on his right side.

"He used to play golf every week and he did all the gardening — this has been a complete change for him — and of course for me," McCord said during a recent interview.

Betty Conard's 71-year old mother suffers from emphysema. Six years ago she was living independently in Idaho. Because she's needed a constant supply of oxygen and medical supervision since March, she moved in with Betty and her family.

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"The hardest thing for my mother to realize is that she has to have us take care of her," said Conard, 42. "She gets angry at times because she wants to still be as independent as she was. She'll have to be on oxygen the rest of her life. She can't ride in a car for too long of a stretch and if she ever wants to travel, she absolutely cannot go in an airplane because of the oxygen."

Helen and Betty are caregivers.

And they credit a special Caregiver course at Grossmont Hospital in helping them learn how to care - and how to cope.

Although Helen has a professional caregiver come to her home eight hours every day, she said the "little" things she learned through the Caregiver course play a big role in her daily life.

"Things like keeping a record book of the medications my husband needs to take -- and the right way to lift and turn and move him from one side of the bed to the other. And how to get him in and out of the car safely."

Besides the "technical assistance," Helen says she is learning constantly how to cope emotionally with a changed lifestyle.

Everyday events like "going out to lunch with the girls" could once be done spontaneously. Now they require advanced planning.

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"I think anyone who has this happen should take the Caregiver course," Helen said. "I especially learned a lot just talking to some of the other people in the class," she said. "It's encouraging to know there are others out there going through the same thing.

"I didn't know how I was going to cope with this," she said. "Now I feel better — I know I can do it."

For Betty Conard, 42, "things are a lot better than they were six months ago. I just have to get used to the fact that this is what I have to do so I just do it."

"I've achieved something from going to the classes. Just think of all the people who go to school to learn this — and here we have a wonderful opportunity to learn it for free."

Grossmont Hospital's free caregiver education and training program is designed to share home care (nursing) functions, community resources, emotional support and skills with caregivers.

Programs are funded by Grossmont Hospital and in part by a federal grant from the Administration on Aging.

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While most older people are healthy and independent, about one-fourth of them need help in coping with the routine acitivites of daily living, according to statistics provided from the National Council on the Aging, Inc. (NCOA).

About 10 percent are bedfast or homebound and just as functionally impaired as their peers in nursing homes.

Helen is part of the 85 percent of the population who family members — wives and husbands, daughters and sons, daughters-in-law and other relatives — who provide the great majority of help needed by older people to continue living in their own homes and communities.

- The NCOA offers three fundamental principals for family caregivers:

- Maximize the independence of the older person.

A frail older person, however imparied, is likely to have remaining capacities — for self-care, for interpersonal relationships, for enjoyment. A caregiver walks a fine line, providing help wehre it is needed, but not usurping what the older person can do for himself. Be sure to let him or her manage whatever he or she can, and make his or her own choices whenever possible.

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- Take care of yourself too.

Helping an aging relative should not mean giving up your whole life -- and in fact, if you neglect yourself, you will be less effective as a caregiver. And caregiving almost inevitably involves some conflict and stress. Pay attention and share your feelings with others. And be sure to plan for time to relax and do other things you enjoy.

- Seek help when you need it.

Helping an aging relative should not mean giving up your whole life. In fact, if you neglect yourself, you will be less effective as a caregiver and you may "burn out" and become unable to continue to provide care.

- First of all, admit your feelings. Many caregivers get get personal satisfaction from their role and continue to share good communication and affection with the older person whom they are helping. But most caregivers will at least sometimes feel tired, isolated, helpless, angry, resentful, and guilty for having these other negative feelings. Such feelings, though difficult, are natural. Talk to your family and friends about what you feel; don't keep everything inside yourself.

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- Set reasonable expections for yourself. And don't reproach yourself for failing to be superwoman or superman. Talk with your older relative about what he or she wants and what you can and cannot do. Your emotional support is probably the most important contribution you can make, so ake sure that you are not too exhausted or strained to provide it.

- Take care of yourself physically. Eat regular, balanced meals. Exercise as part of your daily routine to maintain fitness and ease tension. Use relaxation techniques, such as meditation, deep breathing, massage and a sense of humor.

- Avoid destructive ways of coping, such as overeating, alcohol or drug misuse, and neglecting or taking out your stress on your older relative

- Seek help when you need it. Encourage other family members and friends to participate in caregiving. Join a support group and share experiences and coping strategies with other caregivers. Look to professionals as partners, who can provide guidance and counseling for you and in-home services for your older relative.

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- Maintain activities and social contacts that you enjoy. Even if you have little personal time available, plan occasions for your own pleasure and renewal. Try to make a vacation for a weekend or longer. Ask another family member or a friend to give you a break, and seek out volunteer and professional respite services that are becoming increasingly available. Accept the fact that you need and deserve time for yourself.

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September 9, 1987

GROSSMONT HOSPITAL'S CAREGIVER PROGRAM

(Free courses for persons caring for the elderly at home)

WHO IS A CAREGIVER?

A caregiver is a person responsible for providing care and giving assistance to an ill, frail, or older family member or friend in the home.

Caregiving responsibilities can range from minimal assistance with one or more tasks such as transportation and financial management to around-the-clock assistance and supervision. Caregiving also differs in the degrees of physical, financial and emotional demands made by the care receiver.

The Caregiver Education and Training Program is designed to share nursing functions, community knowledge and skills with caregivers.

CAREGIVER COURSES

Two Home Nursing courses teach basic skills to families who plan to care for an ill, frail, impaired, or older family member in the home.

I. **Basic Home Nursing**
Topics include planning the home care environment and safety features, transfers, personal hygiene, nutrition, record keeping, recognizing signs and symptoms, and community resources.

II. **Advanced Nursing Course**
Focuses on the increased caregiving responsibilities when a patient has very limited ability to assist in their own care. Learning areas such as increased personal care needs, bed turning and positioning, dependent transfers, feeding, skin care, and bedpan, urinal and commode management are highlighted.

Both courses are offered two times a month at Grossmont Hospital and two times a year at selected community sites in the hospital district.

REGISTRATION

All programs are FREE OF CHARGE. Advance registration is necessary for the two nursing programs and space is limited. To register, please call Grossmont Hospital's Education & Training Department at 460-7309 (Monday-Friday 8 a.m. to 4 p.m.).

III. **Becoming a Caregiver** is a companion course dealing with the social and emotional aspects of caregiving and provides information on community resources. This is a two-hour course offered twice a month at Grossmont Hospital and six times a year in selected East County sites.

No advance registration is required for "Becoming a Caregiver." For class location, dates and time, please call Grossmont Hospital at 465-0711, ext. 644 (Monday-Friday 8 a.m. - 4 p.m.). *(See map on reverse side.)*

CAREGIVERS NEED CARE TOO!

Grossmont District Hospital
East San Diego County Regional Medical Center

This program is funded by Grossmont District Hospital [illegible] in part by a federal grant from the Administration on Aging.

GROSSMONT HOSPITAL'S CAREGIVER PROGRAM

(Free courses for persons caring for the elderly at home)

BECOMING A CAREGIVER

This is a course dealing with the social and emotional aspects of caregiving. Exhaustion, the strain of giving constant care without relief, loss of freedom and time for personal activities are all problems faced by caregivers. Knowledge about caregiving, emotional support from others in similar situations and an awareness of community resources will aid both the caregiver and the care receiver.

Topics include:

-Rewards and pitfalls of caregiving

-Common emotional reactions

-Community resources for home care

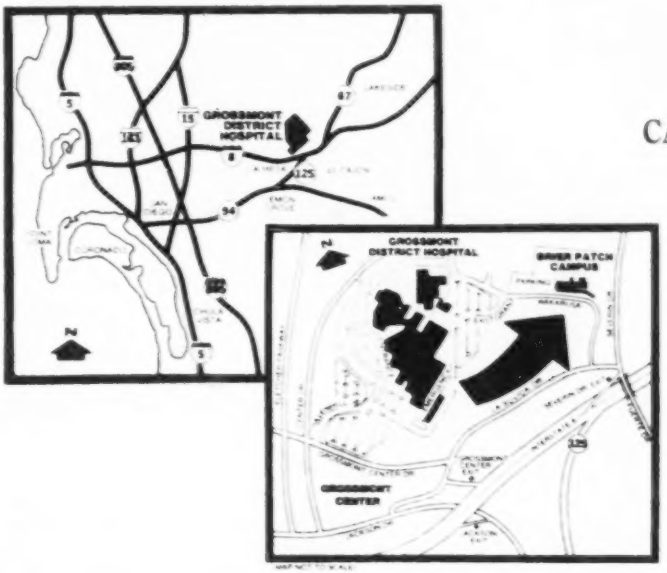
-Alternatives to homecare

-Decision-making process

COURSE SCHEDULE: Held two Wednesdays per month:

First Wednesday, from 6 to 8 p.m.
Third Wednesday, from 3 to 5 p.m.

REGISTRATION: Registration for this course is required. For exact dates and further information, please call Grossmont Hospital's Patient & Family Services Department, 465-0711, ext. 644 (Monday-Friday, 8 a.m. - 4:30 p.m.). The classes are FREE OF CHARGE and are held at the Foundation Board Room, Brier Patch Campus of Grossmont Hospital.



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This program is funded by Grossmont District Hospital and in part by a federal grant from the Administration on Aging.

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Watt, Jill and Calder, Ann. " Taking Care". Self-Counsel Series. 1986.

Wood, John. "Labors of Love". Modern Maturity. August-September, 1987. Pages 28-34, 90-94.

RESOURCE LIST (Brochures, pamphlets, films, etc.)

"Your Medicare Handbook" and "Guide to Health Insurance for People with Medicare" - free from local Social Security Office.

A comparison chart of Medicare supplemental insurance plans may be purchased from Senior World Publications.

"How to Hire Helpers: A Guide for Elders and Their Families." Available for $2.00 from the Church Council of Greater Seattle Task Force on Aging, 4759 15th St., N.E., Seattle, Washington 98105.

"Caregiving Tips," " How to Find and Use Community Services," " Taking Care of Yourself," and " Living Arrangement Options." The National Council on the Aging, Inc.. 600 Maryland Ave., S.W., West Wing 100, Washington, DC 20024.

"Taking Care of Your Elderly Relatives," a Scriptographic Booklet by Channing L. Bete Co., Inc., South Deerfield, MA 01373.

"Caregivers Guide: Help for Helpers of the Aging," Blue Cross and Blue Shield of Arizona, Corporate Communications, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-4276.

"Miles Away and Still Caring: A Guide for Long Distance Caregivers," Social Outreach and Support Section, Program Department, American Association of Retired Persons, 1986.

"Family Home Caring Guides," a series of eight guides available for $4.00 per set from National Council on Aging, Publication Department, P.O. Box 7227, Ben Franklin Station, Washington, DC 20044.

"Where Do I Go From Here?" Developed by Education Development Center, Inc. and Benjamin Rose Institute. Available for rent or sale through EDC Customer Service Center, Suite 701, 55 Chapel Street, Newton, MA 02160.

Family Caregivers of the Aging. The National Council on the Aging, Inc. 600 Maryland Ave., S.W., West Wing 100, Washington, D.C. 20024. (202) 479-1200.